

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

| | |
|--------------------------------|-------------|
| SERIAL NO. <i>10/517403</i> | FILING DATE |
| APPLICANT(S) | |

CLAIMS

| AS FILED | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | AS FILED | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|------------------------|------|------------------------|------|--------------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | ↓ | ↓ | ↓ | TOTAL IND. | | ↓ | ↓ | ↓ |
| TOTAL DEP. | | ← | 9 | ← | TOTAL DEP. | | ← | ← | ← |
| TOTAL CLAIMS | | 10 | | | TOTAL CLAIMS | | | | |